SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 1890 OF 2843 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE Full Name (Last, First, Middle Initial) MR. JOHN ROBERTSON Date of Receipt Mailing Address 3510 MILLER FARMS LANE 2016 03 28 City Zip Code State Transaction ID: 2016M4L11AI04901 GΑ **DULUTH** 30096 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation REQUESTED REQUESTED Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. MS. MARY B. ROBERTSON Date of Receipt Mailing Address 28 JEWETT HILL ROAD 03 28 2016 City State Zip Code Transaction ID: 2016M4L11AI04902 **SHARON** CT 06069 Amount of Each Receipt this Period FEC ID number of contributing 220.00 federal political committee. Memo Item Name of Employer Occupation **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420,00 Full Name (Last, First, Middle Initial) c. DR. MATTHEW ROBERTS Date of Receipt Mailing Address 524 SUMMER ALCOVE WAY 03 28 2016 City State Zip Code Transaction ID: 2016M4L11AI04893 TX **AUSTIN** 78732 Amount of Each Receipt this Period FEC ID number of contributing С 450.00 federal political committee. Memo Item Name of Employer Occupation CAPITOL ANESTHESIOLOGY ASSOCIATION **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 1170.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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